

STATEMENT
of the
MILITARY OFFICERS ASSOCIATION OF AMERICA
LEGISLATIVE PRIORITIES
for
VETERANS' HEALTH CARE and BENEFITS
2nd Session, 111th Congress
before the
SENATE and HOUSE VETERANS' AFFAIRS COMMITTEES
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Presented by

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EXECUTIVE SUMMARY

Veterans' Health Care

- **National Health Care Reform.** Strongly oppose all efforts to integrate Department of Veterans Affairs (VA) and the Military Health Care System/TRICARE into any proposal the Congress may develop as part of national health care reform.
- **Health Care Funding & VA Fees.** Engage the Committees' leadership to make sure VA funding and resources are not reduced or that higher usage and drug co-payment fees are not implemented for VA services.
- **Women Veterans.** Seek immediate passage of H.R. 1211, Women Veterans Health Care Improvement Act and/or S. 1963, "Caregivers and Veterans Omnibus Health Services Act of 2009" to provide equitable medical care and improved support services for female veterans.

Wounded Warrior Care & Support

- **Institutional Oversight & Joint Transition Office.** Authorize and make permanent the VA-Department of Defense (DoD) Senior Oversight Committee Office (SOC) and/or establish a joint Transition Office to further streamline and institutionalize seamless transition.
- **Psychological and Traumatic Injuries.** Aggressive measures are needed to address the rising demand for health care and benefits owed to our veterans who have become psychological and physical casualties of war and those individuals disabled by conditions as a result of their service to their country.
- **Support to Families & Caregivers.** Request immediate passage of omnibus veterans' health laws which would feature strong caregiver and family assistance, to include also the U.S. Public Health Service and National Oceanic and Atmospheric Administration.
- **Medical and Prosthetic Research.** Invest in the sustainment of an aggressive joint VA-DoD medical and prosthetic research program to expand advancements in rehabilitation, and effective treatments for polytrauma, traumatic brain injury, eye and auditory injuries, and other devastating conditions and emergent needs.

Veterans' Benefits

- **VA Claims System.** Improve the accuracy, timeliness, quality and business operations supporting the VA claims system. Urge continued strong oversight by the Committees on VA claims upgrade efforts.
- **Veteran Jobs and the Post-9/11 GI Bill.** Establish job training (non-degree) authority under the Post-9/11 GI Bill; authorize National Guard AGRs (full-time active-Guard and Reserve) the Post-9/11 GI Bill; establish a living allowance for full-time distance learners; permit USPHS / NOAA Corps to transfer Post-9/11 entitlement to dependents; create single "cost of attendance" metric for each state.
- **Other GI Bill Programs.**
 - Selected Reserve Montgomery GI Bill. Restore rates to 47-48% parity with active duty MGIB, or support transfer of statute to Title 38.
 - Reserve Educational Assistance Program (Chap 1607). Repeal or phase out REAP.
 - 21st Century GI Bill Architecture. Integrate MGIB program rules with Post-9/11 GI Bill and phase out MGIB.
- **Jobs for Wounded Warriors—Vocational Rehabilitation and Employment (VRE) Program.** To reduce rising Operation Iraqi Freedom-Operation Enduring Freedom (OIF – OEF) veteran unemployment, create housing allowance for VRE similar to Post-9/11 GI Bill program and substantially increase information outreach for the program.

Survivors' Benefits

- **Survivor Benefits.** Raise Dependency and Indemnity Compensation (DIC) rates to 55% of the compensation rate for a 100% service-connected veteran; allow remarried widow(er)s to retain DIC at age 55 (vice 57); create a housing allowance for the Survivors and Dependents Educational Assistance (DEA) program similar to the Post-9/11 GI Bill; permit currently serving military members who are survivors to access DEA and the Post-9/11 GI Bill.

Currently Serving Military Members

- **Employment and Reemployment Rights (USERRA).** Strengthen the USERRA to reflect ongoing callups under operational reserve policy and require the Office of Special Counsel to enforce the law for reservists employed in Federal agencies.
- **Servicemembers Civil Relief Act (SCRA) Protections.** Urge final Senate action on provisions contained in H.R. 3949 as passed by the House to establish a right of private action under the SCRA, eliminate penalties for cancelling cellphone and other contracts when a deployment order is issued, and for other purposes.

CHAIRMAN AKAKA, CHAIRMAN FILNER AND DISTINGUISHED MEMBERS OF THE COMMITTEES, on behalf of the more than 370,000 members of the Military Officers Association of America (MOAA), I am grateful for the opportunity to present testimony on MOAA's major legislative priorities for veterans' health care and benefits this year.

MOAA does not receive any grants or contracts from the federal government.

VETERANS' HEALTH CARE

MOAA very much appreciates both Committees' leadership in championing passage of a timely Department of Veterans Affairs (VA) health care funding mechanism through the advance appropriations process. Such a measure is a milestone in securing a long-term stable mechanism for funding health care 'supply' so VA can stay ahead of the growing demand.

Our Association looks forward to working with Congress to advance additional provisions that will improve quality, access and continuity of health care and move the VA into the 21st Century.

Like many of our veterans and military association partners, we are pleased to see Secretary Shinseki personally engaged in the day-to-day operations of his agency and his leadership in building a veterans-centric agency.

We believe VA and its budget are poised to deliver exceptional care and services this year and into the future. But, transforming the Department can't be done as a year-to-year investment approach; rather it requires a long-term commitment and strategy along with significant oversight if real cultural transformation is to occur.

National Health Care Reform. With looming deficits, increasing pressures to cut budgets, and skyrocketing medical costs, we look to the Committees' support in keeping veterans' health care out of the national health care debate. MOAA staunchly opposes all efforts to integrate VA and the Military Health Care/TRICARE system into any proposal the Congress may develop as part of the debate. These two health care systems have different missions and serve specific populations. We believe that any national health care reform legislation must:

- Protect the unique VA health care benefits from unintended consequences such as reduced access to care;
- Bar any form of taxation of VA health benefits, including those provided in non-governmental venues; and
- Preserve veteran beneficiaries' choices.

Fiscal Year (FY) 2011 The Independent Budget (IB). A strong supporter of the IB, MOAA congratulates the authors of the report, the AMVETS, the Disabled American Veterans, Paralyzed Veterans of America, and the Veterans of Foreign Wars for once again producing a fiscally sound and highly useful resource that Congress and the Administration can consider in its transformation efforts.

Health Care Funding

VA Fees — Congress once again protected veterans from health care fee hikes this past year and we greatly appreciate these efforts, signaling legislators' understanding of the extraordinary burdens being placed on members during these particularly difficult economic times. The Association continues to look to the Committees' leadership to ward off any attempts to reduce funding and resources or imposing higher usage and drug co-payment fees for services.

Advance Appropriations & Budget Execution — The entire community of veterans and military service organizations is extremely grateful to the Committees for championing and pushing through legislation last year on advance appropriations, recognizing the old budget process wasn't meeting the needs of VA or veterans.

We also thank Congress and the Administration for supporting record levels of funding, and we look forward to another historic year of funding to achieve sufficient, timely and predictable funding objectives.

MOAA requests the Committees' effort in closely monitoring execution of VA Health Administration (VHA) resources to ensure the agency is appropriately targeting resources to requirements, and ensuring the VA uses more current data in its budget formulations (e.g., VA used 2008 data in formulating its FY2011 Budget).

Demand for VA health care still outpaces capacity to deliver care in a timely manner. Congress needs to appropriate sufficient funds for current and projected veteran populations. MOAA believes VA health care must:

- *Ensure the system is made accountable to meet its published access standards. We suggest adopting access standards in law as a means of balancing demand and funding requirements.*
- *Continue expanding and upgrading polytrauma and other specialty care services for veterans with multiple trauma injuries, including traumatic brain injury (TBI).*
- *Ensure consistency of the CHAMPVA health benefit package with TRICARE Standard benefits (e.g., enact dental coverage equal to the (unsubsidized) TRICARE retiree dental plan).*
- *Ensure sufficient funding to sustain the planned expansion of PG 8 enrollments so that wait-times are not extended for all enrolled veterans.*

MOAA urges the Committees to take all possible steps to ensure full funding for the VA health care system, including strict monitoring of budget formulation and execution of appropriated dollars. Further, we respectfully request the Committees' continued support in opposing any initiatives that reduce health care funding and services or attempts to tax VA beneficiaries.

Women Veterans

Women who have served in Iraq and Afghanistan are enrolling in VA health care at historical rates. Of the 1.8 million women veterans in the U.S., almost a half million are enrolled in VA care, and the number is expected to grow by 30 percent in the next five years.

Additionally, female veterans entering the system are younger and have medical needs distinct from those of their male counterparts. The average age of a woman veteran is 48 years old, compared to 61 for male veterans. The majority of new females accessing care are under 40 and of child-bearing age.

MOAA applauds Secretary Shinseki's commitment to enhancing primary care for women veterans and making this one of his top priorities. Additionally, establishing full-time Women Veterans' Program Managers in VA Medical Centers (VAMC) and Women Veteran Coordinators in Veterans' Benefits Administration (VBA) Regional Offices as the go-to people who can help women navigate and access care and benefits has been a positive step.

But, we need a far more aggressive approach to tackling the needs of this veteran population and we must do it now! This population is at an elevated risk for mental health conditions, such as posttraumatic stress disorder (PTSD), for drug abuse, to commit suicide, to be homeless, and they are also more likely to have experienced military sexual assault/trauma.

A July 14, 2009 GAO testimony before the Senate Committee on Veterans Affairs, entitled, “*VA Health Care, Preliminary Findings on VA’s Provision of Health Care Services to Women Veterans*,” addresses some of the current challenges women still face in accessing a full range of health care services.

These challenges continue to be the same we hear reported over and over again—space constraints, privacy issues, and lack of providers with specific training and experience in women’s health care and in mental health care (e.g., treatment of PTSD and military sexual trauma conditions).

We believe additional legislative authority is needed to help VA more effectively and efficiently deliver services and care not only to women veterans, but also to the growing population of veterans who are married and/or have family responsibilities.

MOAA urges the Committees to give the highest priority to the earliest possible joint resolution of the multiple pending veterans health care measures and enactment of legislation so that all veterans may benefit from the many worthwhile provisions as those embodied in:

- ***S. 1963, the “Caregivers and Veterans Omnibus Health Services Act of 2009;” and,***
- ***House-passed***
 - ***H.R. 3155, the “Caregiver Assistance and Resource Enhancement Act***
 - ***H.R. 1211, the “Women Veterans Health Care Improvement Act;”***
 - ***H.R. 2770, the “Veterans Non-Profit Research and Education Enhancement Act of 2009;” and***
 - ***H.R. 1293, the “Disabled Veterans Home Improvement and Structural Alteration Grant Increase Act of 2009.”***

WOUNDED WARRIOR ISSUES

As a nation, we have a moral obligation to care for those who have served their country—that means, we must hold the institutions and the people who serve our veterans accountable. MOAA is encouraged by VA’s leadership and outreach to veterans’ organizations and their efforts to be more upfront and transparent in what they are doing and how they are caring for veterans.

Much has been done in the previous three years to address the grievous and negligent conditions surfaced during the Walter Reed tragedy—shining a light on both DoD and VA health care systems, and those vulnerable wounded and disabled troops and veterans falling victim to the very systems which were caring for them.

Thanks to the Committees, much emphasis and funding has been focused on addressing these shortcomings, positioning the two Departments to meet new challenges and moving closer to a seamless transition culture.

VA-DoD Seamless Transition

Institutional Oversight — MOAA acknowledges the many legislative and fiscal fixes resulting in improvements to the care and support of our wounded and disabled members. However, we continue to hear of veterans and their families experiencing horrific situations, and the extent and complexity of these challenges remain daunting to VA and DoD medical and benefits systems.

Additionally, authority for the VA-DoD Senior Oversight Committee (SOC) expired in December 2009. It provided a mechanism for the Secretaries of VA and Defense to exercise direct control and a vehicle for institutionalizing seamless transition. Our Association was particularly disappointed when the SOC was not extended or permanently established in law.

At last year's Joint Committee hearing, MOAA expressed concern that the change of Administration would pose a significant challenge to the two departments' continuity of joint effort, as senior leaders whose personal involvement had put interdepartmental efforts back on track left their positions and were replaced by new appointees who had little to no experience with past problems and no personal stake in ongoing initiatives.

As we feared, a number of key appointive positions and staffing positions in a number of joint wounded warrior offices are still unfilled more than a year later. In some cases, responsibilities have been reorganized and oversight duties previously assumed by senior officials have been divested to lower-level administrators who are less regularly engaged or don't have the authority to engage with their cross-department counterparts.

The result has been more confusion and frustration for those within the departments as well as veterans and their families who are trying to access care and benefits. This confusion further diminishes the earlier advances that took years to achieve and impedes cooperation, collaboration, and communication to meet departmental goals.

Joint Transition Office and/or SOC Office — More than ever MOAA is convinced there is great need to establish in law a permanent, Joint DoD/VA Seamless Transition Office and/or a SOC office, manned with full-time, senior representatives of both agencies, and responsible for implementing, overseeing and reporting to VA, DoD and congressional leaders on all aspects of the seamless transition process.

Congress legislated a number of important measures in recent years that simply are too important to leave to "business-as-usual" oversight by VA and DoD administrators. This joint office should be responsible for vital programs and initiatives aimed at addressing barriers that prevent transformation of the two agencies that include, but are not limited to:

- Joint, single separation physical;
- Consistent disability evaluation system;
- Bi-directional electronic medical and personnel records transfer, including the joint virtual lifetime electronic record;
- Medical centers of excellence and operations/research collaboration; and,
- Coordination of care, treatment, and information, including VA-DoD federal/recovery care coordination, clinical and non-clinical services, and case management programs.

Additionally, there have been hundreds of programs and initiatives funded and implemented that are too numerous and overwhelming to name, much less be able to differentiate between or assess their efficacy and return on investment. A joint transition office or SOC would be valuable in helping Congress assess needs, ensure identification and cross-feed of best practices, and make recommendations as to where best to devote precious resources.

MOAA believes there is no substitute for a permanent VA-DoD Joint Transition Office and/or a Senior Oversight Committee Office, staffed with senior officials working together in a full-time capacity and charged with innovation and daily oversight of initiatives to institutionalize and sustain a culture of cross-department seamless transition.

Psychological and Traumatic Injuries

The fallout of almost nine years of war has been unfathomable, unpredictable and overwhelming to our medical and benefits systems. But the institutional burdens have been nothing compared to the tremendous stress and uncertainty being borne by our veterans, servicemembers and their families.

The military community is experiencing an epidemic in suicides, substance abuse, divorce, marital/family discord, sexual assault, PTSD, traumatic brain injuries, and a variety of other severe issues. These same troops separate or retire from the military and enter VA, requiring the agency to accommodate a large influx of younger generation of veterans in crisis while also trying to manage the surge of older veterans seeking help. Aggressive measures are needed to address the rising demand for health care and benefits owed to our veterans who have become psychological and physical casualties of war and those individuals disabled by their service.

MOAA looks forward to working with the Committees this year in its ongoing efforts to resolve remaining challenges in order to provide the very best care and support to our wounded warriors, disabled veterans and their families who experience the unseen injuries of war.

We offer the following recommendations to ensure greater jointness between VA and DoD:

- *Attack the issue of stigma head-on through a multi-media education and destigmatization/outreach campaign that provides positive reinforcement for seeking needed care;*
- *Increase and improve capacity of mental health care and substance use disorder programs and providers to deliver evidence-based care in all settings, including expanded hours of operations in facilities to improve access and availability of care, particularly for working veterans or those with families;*
- *Expand mental health care and counseling services for families of severely injured or disabled veterans in order to mitigate the secondary effects of combat stress, PTSD and TBI—include specialized programs for children, teenagers and family member caregivers;*
- *Implement special outreach efforts to veterans in rural areas and Guard and Reserve members who don't live near a military facility;*

MOAA also recommends that the Committees work with the Armed Services Committees to expand and improve joint medical and rehabilitation research between the VA and military Services.

Caregiver and Family Support Services. Veteran families/caregivers often hear of VA offering a number of programs supposedly established to support them. But in many cases, those services are not being delivered in the field or are inconsistently available. What families/caregivers really want are VA services and care when they are needed and where the veteran lives. Most veterans and families report high satisfaction with the care and support they receive in the military system, but are less confident in VA benefits and health care systems because the latter lack transparency and are not veteran-family-friendly.

Further, while still in the military system, caregivers receive per diem compensation and support, but lose such support when the severely disabled service member is medically separated or retired. Many parents, spouses, siblings and even friends have quit their jobs, lost homes, savings and personal health insurance to become full-time caregivers as a result of government-caused injuries.

Veterans and their families seek a high quality of life like every American—and they want good information and resources. They want options, and they want to have input into the process so they can make the best possible decision given their circumstances. To many families, institutionalizing their loved one or restricting care to a home or facility setting or to a less-stimulating environment may not be an option.

MOAA recommends the Committees:

- *Immediately pass omnibus initiatives contained in S. 1963 and H.R. 3155 which would feature strong caregiver and family assistance, to include also the U.S. Public Health Service (USPHS) and National Oceanic and Atmospheric Administration (NOAA).*

- *Authorize consistent VA-DoD compensation, training, certification, and respite care for full-time family/caregivers.*
- *Authorize health care coverage for full-time caregivers and their families.*
- *Improve information outreach for referral and direct services for child care, legal and financial assistance, and counseling for full-time caregivers (DoD's 'Military OneSource' and Military Family Life Consultants tools could be modeled in the VA).*
- *Require VA-DoD to conduct research and submit a joint report on the impact of combat stress and TBI on full-time caregivers and family members, especially children.*

MOAA strongly recommends the Veterans Affairs and the Armed Services Committees conduct a series of joint hearings on wounded warrior and VA-DoD seamless transition issues in order to resolve barriers that currently prevent full collaboration, cooperation and communication between the two agencies in the areas of health care, benefits, research, caregiver and family programs.

VETERANS BENEFITS

Disability Claims: Emphasize Quality, Training Standards, and Technology Upgrades

MOAA notes that the Administration is requesting \$2.15 billion to process veterans' disability, Post-9/11 GI Bill and other claims for FY 2011, an increase of \$460 million (27%) over the current year. Central to the Administration's request is 4,000 additional claims workers to process new claims projected from recently approved medical conditions presumed caused by exposure to Agent Orange in Vietnam veterans.

Disabled veterans and survivors should be able to apply for benefits through a simple, uniform and modern technology-based process that enables VA to make accurate decisions within acceptable time frames.

Active Duty (including activated Guard – Reserve) service men and women should be able to apply for benefits before discharge through this simple system that enables accurate decisions by the time of their discharge.

Accuracy of Decisions on Veterans Disability Compensation

- VA's Inspector General reported in March 2009 that almost a quarter (22%) of all veterans' claims for disability compensation were decided incorrectly in the 12-month period reviewed.
- During that period, over 200,000 veterans received inaccurate decisions on disability compensation.

Timeliness of Approving Claims for Veterans Benefits

- As of January 11, 2010, there were 466,985 claims for disability compensation and pensions awaiting rating decisions; 162,352 (37.3%) of the claims have exceeded VBA's 125 day strategic goal.
- The average time to approve a rating has exceeded 180 days for more than a decade (1999 – 2009).
- Claims folders for almost 300,000 veterans were misplaced; claims for 141,000 veterans are lost.

Complexity of Application and Approval Process

- VA continues to rely on a cumbersome paper-based system, beginning with a 23-page application, to review and evaluate claims for disability compensation and pension.
- From 2006 to 2008, there has been about a 50% increase in the most complex disability compensation applications, those in which a veteran cites 8 or more disabilities.

MOAA joins with our Military Coalition partners and major Veterans Service Organizations in strongly recommending continuing oversight by the Committees to achieve the following outcomes:

- ***Develop a work culture at VA that emphasizes quality at all steps—Create a management culture that measures and rewards quality of results, not just quantity, and provides sufficient training of VA's management and workforce in order to achieve this outcome.***
- ***Modernize the information technology (IT) infrastructure and optimize business processes—Create a secure and accessible paperless IT system that rapidly moves and organizes information necessary for VA to approve claims for benefits, while optimizing workflow and business processes. MOAA questions the adequacy of the FY 2010 Information Management / IT budget request to accomplish this objective.***
- ***Develop a simpler and more transparent application and approval process—Create a universal and simple application process that provides veterans with regular updates on the progress of their claims and allows them to access their records and the status of their claims.***
- ***Establish uniform training standards and procedures for rating claims in the VA networks.***
- ***Compensate adjudicators to reduce staff turnover and increase career progression opportunities.***

GI BILL PROGRAMS

Jobs for Veterans and the Post-9/11 GI Bill

MOAA is very concerned that the Post-9/11 GI Bill statute does not include job training authority for our nation's veterans – a major difference from every GI Bill program going back to World War II. With rising unemployment among Iraq and Afghanistan veterans, including women veterans, transitioning servicemembers must have the opportunity to gain the skills, education and experience to compete for jobs in this very difficult economy.

MOAA urges the Committees to support essential Post-9/11 GI Bill fixes, including:

- **Allow non-degree vocational, apprenticeship, OJT and flight training programs. Support H.R. 3813 (Rep. Sestak, D-PA); H.R. 4320 (Rep. Scott Murphy D-NY); H.R. 3337 (Rep. DeLauro, D-CT), S. 2769 (Sen. Klobuchar, D-MN).**
- **Authorize Post-9/11 GI Bill benefits for Title 32 AGRs with post-Sept. 10, 2001 service. Support H.R. 3554 (Rep. Loebsack, D-IA) and S. 1668 (Sen. Bennett, D-CO).**
- **Establish a living allowance for full-time distance learners. Support H.R. 3 467 (Rep. Carney, D-PA).**
- **Permit USPHS and NOAA Corps officers to transfer Post-9/11 GI Bill entitlement to immediate family members in exchange for an extended service commitment. Support H.R. 3657 (Rep. Rodriguez, D-TX).**
- **Merge separate “tuition” and “fees” caps per state into a single “cost of attendance” metric in each state.**

Selected Reserve GI Bill for Service Entry (Chap. 1606, 10 USC)

Congress has not raised the rates under the Selected Reserve MGIB (Chap. 1606, 10 USC) other than through annual COLAs since 1999. The ratio between Chap. 1606 benefits and MGIB benefits has plunged to 24.9% against a historical ratio of 47-48%. Restoring the ratio would hike current rates for full-time study from \$329 per month to between \$621 - \$660. ***MOAA again recommends the Committees endorse restoring Selected Reserve MGIB rates to 47-48% of the MGIB (Chap. 30); alternatively, the Committees should work with the Armed Services Committees to transfer Chapter 1606 to Title 38 as part of a “total force” approach to GI Bill programs.***

Reserve Educational Assistance Program for Active Duty Service (Chap. 1607, 10 USC)

Enactment of the Post-9/11 GI Bill has rendered the Reserve Educational Assistance Program (REAP) largely obsolete. *Chapter 1607 should be repealed or phased out.*

A 21st Century GI Bill Architecture

MOAA continues to recommend that the Committees ‘de-conflict’ the statutory authority for the MGIB in Chapter 30, 38 USC with the Post-9/11 GI Bill (Chapter 33, 38 USC).

A streamlined architecture for the GI Bill is needed to support military men and women and veterans in the 21st century. A consolidated GI Bill structure should be simple, transparent and equitable.

To maintain multiple, overlapping GI Bill program authorities causes confusion, increases administrative cost, and weakens the potential of these programs to efficiently support military recruiting and retention efforts as Congress intended. Desirable features in the MGIB should be incorporated into Chapter 33, or vice versa.

We understand that the Services still encourage new recruits to enroll in the MGIB to retain the option of using its wider array of benefits. But sign-ups for the MGIB are on the decline. Unfortunately, rejecting the MGIB at enlistment denies new recruits future access to vocational training, OJT and apprenticeship training since these programs are not authorized under the Post-9/11 GI Bill.

MOAA recommends repeal of the \$1200 MGIB enrollment fee to give new recruits increased incentive to accept MGIB enrollment and protect their future options for benefit usage if they elect the Post-9/11 GI Bill. Ultimately, the MGIB itself should be phased out, as discussed below.

MOAA recommendations for a 21st GI Bill architecture:

- *Adopt Chapter 30 (MGIB) program eligibility rules for the Post-9/11 GI Bill.* Since World War II, all GI Bill programs except for the Post-9/11 GI Bill included benefits for technical, vocational, on-the-job training and flight training. MGIB program eligibility rules should be grafted into the Post-9/11 GI Bill to provide maximum flexibility for veterans and servicemembers.
- *Repeal the MGIB.* When the MGIB was enacted in 1984, Congress authorized Vietnam-era GI Bill participants to convert to the new program if they met certain criteria. Similarly, the MGIB has been supplanted by the Post-9/11 GI Bill and should be repealed or phased out. Current MGIB participants should be grandfathered.
- *Repeal or phase out Chapter 1607 (see above).*
- *Integrate GI Bill programs that support initial service entry in Title 38.*
- *As discussed earlier, Chap. 1606 and Chap. 30 should be coordinated with the Post-9/11 GI Bill.*

JOBS FOR WOUNDED WARRIORS – VOCATIONAL REHABILITATION & EMPLOYMENT

Unemployment of Iraq and Afghanistan veterans continues to outpace unemployment in the broader population. For all of 2008, the Bureau of Labor Statistics (BLS) reported last March:

- Unemployment among 18-to-24-year-old male 'Gulf War II' – Iraq and Afghanistan -- veterans was 13.9 %.
- Unemployment among 18-to-24-year-old female Gulf War II veterans was 15.1%

Considering the rise in unemployment over the past year, younger male veteran unemployment is likely well over 15% and women veterans over 20%.

A practical and needed approach to address this worrisome trend is to improve benefits under the Vocational Rehabilitation and Employment (VRE) program and accelerate outreach efforts to OIF / OEF veterans with employment challenges.

The dynamic nature of OIF and OEF injuries and our nation's economic woes point to the need for restructuring the VRE program to support the employment, education and training needs of disabled veterans.

To support wounded warrior employment in the workforce, MOAA recommends:

- *Enacting a technical correction of Section 3108(f) (1) (A) to specifically authorize Chapter 33 benefits for VRE participants who elect to go to college in preparation for employment in the workforce.*
- *Upgrading the VRE subsistence allowance along the lines of the locality-based housing allowance in Chapter 33 while ensuring that VRE users continue to receive a subsistence ('per diem') allowance.*
- *Covering all books, fees, and adaptive equipment deemed necessary to ensure a maximum independence in daily living to the maximum extent feasible.*
- *Allowing all service-connected disabled veterans access to career counseling.*
- *Focusing the goal of the program on career skills and career-long employability.*

SURVIVORS' and DEPENDENTS' BENEFITS

Dependency and Indemnity Compensation (DIC) Equity. To place DIC on a par with other federal survivor programs, MOAA believes DIC should be set at 55% of the VA disability compensation amount paid to 100% service-disabled veterans. Survivors of federal workers have their compensation set at 55% of their Disabled Retirees Compensation. Military survivors receive SBP amounts that equal 55% of the retired servicemember's SBP-covered retired pay. The November 2009 GAO report on "*Military & Veterans' Benefits*" (GAO 10-62), found that "*DIC payments are almost always less than workers' compensation payments for survivors of federal employees who die as a result of job-related injuries.*"

MOAA supports establishing the DIC rate at 55% of the VA disability compensation rate for a 100% service-connected veteran. Support H.R. 2243 (Reps. Buyer, R-IN and Walz D-MN).

Caregivers of Catastrophically Disabled Veterans. Catastrophically disabled veterans, whose spouses serve as primary care givers, receive additional allowances due to the severity of their service-connected multiple disabilities. Spouses who are full-time caregivers are precluded from earning a retirement or Social Security benefits in their own right. When the veteran dies, the widow(er)'s income is reduced to the same DIC rate that other surviving spouses of veterans receive, whose death was service connected. The income replacement of other federal survivor benefit plans is 50-55% of the benefits upon which they are based. In considering the DIC amount payable to the caregiver spouse of a catastrophically disabled veteran, MOAA believes the base for that DIC rates should be the total of the veteran's VA disability compensation plus the aid and attendance allowance.

MOAA recommends the Committees authorize a special DIC rate for caregiver spouses of catastrophically disabled veterans equal to 55% of the total of the 100% VA disability compensation rate plus the aid and attendance allowance.

Retain DIC on Remarriage at Age 55. Legislation was enacted in 2003 to allow eligible military survivors to retain DIC upon remarriage after age 57. At the time, Committee staffers advised that age-57 was selected only because there were insufficient funds to authorize retention of DIC upon remarriage after age 55.

MOAA recommends authorizing retention of DIC upon remarriage after age 55 in order to bring this benefit in line with rules for the military SBP program and all other federal survivor benefit programs.

Survivors and Dependents Educational Assistance (DEA) Program. Survivor and dependents educational benefits (Chapter 35, 38 USC) were not upgraded proportionally with the Post-9/11 GI Bill legislation. The absence of a housing benefit and annual book stipend similar to those established for the new GI Bill presents practical challenges for survivors in today's difficult economy. Some are unable to pursue their education and makes ends meet at the same time. Moreover, when Congress enacted the Post-9/11 GI Bill in 2008, it raised Montgomery GI Bill (Chap 30, 38USC) benefits by 20% but made no increase to DEA.

MOAA recommends:

- *Increasing DEA benefit rates. DEA rates for academic pursuit should be the same as the Post 9/11 GI Bill; reimburse tuition and fees up to the highest in-state public college / university program cost. As an interim measure, MOAA would support raising DEA by 20% in line with the 2008 MGIB rate hike.*
- *Establishing a housing and annual book stipends modeled on the Post 9/11 GI Bill.*
- *Requiring that the DEA program be adjusted proportionally whenever Congress raises other educational benefit program.*
- *Allowing dual eligibility of Post 9/11 GI Bill (Chap. 33) and DEA (Chap. 35) for currently serving military service members who themselves are survivors. (Fixing this will encourage active duty survivors to continue their service in the armed forces)*

VA Survivors' Death Pension. This benefit is paid to widows of non-disabled veterans of armed conflicts who meet certain minimum income level requirements (38 USC 1541). The current amount paid to eligible survivors is well below the government-established poverty level.

MOAA supports linking death pension benefits to the federal poverty level as determined each year by the Department of Health & Human Services.

CHAMPVA Dental. *MOAA supports allowing survivors qualified for CHAMPVA health care to be allowed to enroll in CHAMPVA Dental. The proposal, which is modeled on the TRICARE Retiree Dental Plan, would have no PAYGO offset requirement since it would be fully funded by enrollees' premiums.*

CURRENTLY SERVING SERVICEMEMBER ISSUES

Uniformed Services Employment and Reemployment Rights Act (USERRA). At a Senate hearing before the Health, Education, Labor and Pensions Committee in November 2007, the DoD released data on reservists' reemployment problems. The data revealed that tens of thousands of returning veterans have faced the harsh reality that their service to our country has cost them the salary they deserve, their health care, and other benefits, and even their jobs. Among members of the National Guard and Reserves

in late 2007: nearly 11,000 were denied prompt reemployment; more than 22,000 lost seniority and rightful pay; nearly 20,000 saw their pensions cut; and nearly 11,000 did not get their health insurance back.

Under “operational reserve” policies, drilling reservists can expect to be on active duty for one year of every five years they serve in the Guard or Reserve. Since Sept. 11, 2001, more than 755,000 have served the nation on active duty, and more than 225,000 Guard and Reserve members have served multiple tours. Growing numbers are on their third or subsequent deployment.

MOAA believes it’s extremely important to periodically review and, if necessary, upgrade the USERRA to protect the rights of our nation’s operational reservists. At the same time, we believe that Congress must balance a stronger USERRA statute with appropriate consideration for the needs of employers.

MOAA recommends the Committees take up and favorably report out S. 263, the Servicemembers Access to Justice Act of 2009 (Sen. Casey, D-PA) and H.R. 1474 (Rep. Artur Davis, D-AL).

MOAA has long supported strengthening the role of the Office of Special Counsel (OSC) to protect the reemployment rights of Federal workers called to active duty in the armed forces. Accordingly, ***MOAA supports Senate passage of H.R. 1089, a bill that would require the OSC to enforce employment and reemployment rights of veterans of the Armed Forces employed by Federal agencies; and to permit covered individuals to file a complaint to the OSC.***

Servicemembers Civil Relief Act (SCRA) Matters

The continuing activation and deployment of more than 755,000 National Guard and Reserve service men and women since Sept. 11, 2001 has given rise to countless personal legal challenges, including landlord-tenant, family, property, and business matters governed by the SCRA.

MOAA recommended in last year’s joint hearing that the SCRA be amended to establish a right of private action, in response to the *Hurley v. Deutsche Bank* case (2008). During his deployment to Iraq, National Guard Sergeant James Hurley’s house was foreclosed, his dependents were evicted from the property, and the property was sold to a third party. Although the court’s decision in favor of the bank was reversed in favor of the soldier, the law firm that sued on the bank’s behalf is now appealing that decision.

We commend the House Committee on Veterans’ Affairs for taking up the need to establish a right of private action in the SCRA to protect the interests of our nation’s operational reservists.

Last November, the full House overwhelmingly passed Committee-sponsored provision establishing a right of private action in H.R. 3949, the Veterans’ Small Business Assistance and Servicemembers Protection Act of 2009.

Also under H.R. 3949, a servicemember on deployment orders can cancel cell phone and other personal services contracts as well as auto and residential leases without financial penalty if the member provides a copy of the orders and a written cancellation note.

MOAA strongly endorses the SCRA provisions in H.R. 3949 and recommends the Senate Committee on Veterans Affairs favorably report out the bill at the earliest possible time.

Conclusion

MOAA is grateful to the Members of the Committees for your leadership in supporting our veterans and their families who have “borne the battle” in defense of the nation.



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CDR Campos entered the Navy in 1973, graduating from Boot Camp at Recruit Training Command, Orlando, FL. She attended Photographer's Mate "A" School, Pensacola, FL with follow-on assignments at Attack Squadron 122, NAS Lemoore, CA; NATO Headquarters Public Affairs/Intelligence Staff, NAS Keflavik, Iceland; and Naval Training Center/RTC Orlando, FL.

CDR Campos earned her Bachelor of Arts Degree in Criminal Justice and Psychology from Columbia College, MO, during her off-duty time. She received her commission in 1982 through Officer Candidate School, Newport, RI.

Subsequent assignments included: Public Affairs Officer, NAS, Meridian, MS; Officer Recruiter, Officer Programs Officer, and Enlisted Programs Officer, Navy Recruiting District, Atlanta, GA; and Branch Head, Enlisted Performance Evaluations and Management Information Systems Branch (Pers-3), Bureau of Naval Personnel, Washington, DC. Her Executive Officer tour included Officer in Charge, Personnel Support Detachment (PSD), Joint Naval Air Station, Willow Grove, PA. Returning to Washington, DC, CDR Campos was assigned as the Branch Head, Transition, Relocation and Deployment Support Programs (Pers-662) and then fleeted up to become the Director of the Resource Management/Comptroller Office (Pers-6C) at the Bureau of Naval Personnel.

In 1998, she earned her Master's of Arts Degree in Business from the University of Phoenix, majoring in Organizational Management. When the Bureau of Naval Personnel relocated to Millington, TN in June 1998, she remained in Washington to stand-up the Personal Readiness and Community Support/Quality of Life (QOL) Liaison Detachment Office, serving as the Deputy Director of the Detachment. She was nominated by the Deputy Assistant Secretary of the Navy and selected for the position of Associate Director, Office of Family Programs under the Deputy Assistant Secretary of Defense for Military Community and Family Policy in July 2000 until her retirement in June 2004.

Her sub-specialties included Manpower and Personnel and Financial Management. Personal awards include: Legion of Merit; Meritorious Service Medals; Joint Service Commendation Medal; Navy and Marine Corps Commendation Medals; Navy & Marine Corps Achievement Medals; Meritorious Unit Commendation; National Defense Service Medals; and the Navy Good Conduct Medal.

CDR Campos (U.S. Navy-Ret) worked as the Deputy Director for Family Matters from 2004-2007 and is currently the Deputy Director Wounded Warrior, Seamless Transition and VA Health Care Matters in the Government Relations Department. She serves as a member of the Advisory Committee on Women Veterans that is responsible for assessing the needs of women veterans, advising, and making recommendations to the Secretary of Veterans Affairs on ways to improve programs and services for women veterans. Additionally, she is Co-Chairman of the Health Care and Morale, Welfare & Recreation, Military Construction, & Base Realignment & Closure Committees in The Military Coalition—a organization representing 34 military-veterans organizations with 5.5 million members. She lives in Washington, DC with her husband Alfonso, and their two children, Ryan and Nissa.